

**ALABAMA LANDSCAPE ARCHITECTS REGISTRATION PROGRAM
CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

APPLICANT COMPLETE THIS SECTION:

DATE: _____

_____ of _____
(Name) (Address)

The above individual has submitted an application for registration to practice landscape architecture in the State of Alabama and has submitted your name as reference.

The Landscape Architects Law regulates the practice of landscape architecture in the State of Alabama, which practice, in turn, safeguards life, health and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply will be appreciated. (Use reverse side for additional information and/or comments)

LANDSCAPE ARCHITECTS COMPLETE THIS SECTION:

- A. 1. How long have you known the applicant? _____
2. Was applicant ever in your employ? ☐ Yes ☐ No If Yes—
From: _____ To: _____
(Month) (Year) (Month) (Year)
3. What is your opinion of the applicant's competency?
- | | EXCELLENT | SATISFACTORY | UNSATISFACTORY |
|----------------------------------|-----------|--------------|----------------|
| (a) Technical Knowledge | _____ | _____ | _____ |
| (b) Professional Experience | _____ | _____ | _____ |
| (c) Reputation in the Profession | _____ | _____ | _____ |
4. Do you believe the applicant to be fully qualified to practice landscape architecture? ☐ Yes ☐ No If no, please explain _____

CLIENTS AND OTHERS COMPLETE THIS SECTION:

- B. 1. How long have you known the applicant? _____
2. Was applicant ever in your employ? _____
3. Did applicant ever perform landscape architectural services for you? _____
- (a) Was applicant familiar with the various phases of the work? _____
- (b) Was applicant work satisfactory? _____
- (c) Would you again employ the applicant as a Landscape Architect? _____
4. Do you know of anything in your opinion might preclude this applicant from being a competent landscape architect?
☐ Yes ☐ No (If "Yes", explain) _____

Name _____ Title _____
(please print or type)

Profession _____

IF LANDSCAPE ARCHITECT AFFIX
STATE LANDSCAPE ARCHITECT SEAL:

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

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